

097701760

BEFORE THE INTERNATIONAL SEARCHING AUTHORITY  
DER THE PATENT COOPERATION TREATY

525 Rec'd PCT/PTO 30 NOV 2000

IN RE APPLICATION OF: Pfizer Products Inc.

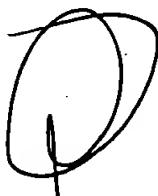
APPLICATION NO.: PCT/US00/04733

INTERNATIONAL FILING DATE: 25/02/2000

TITLE: Method For the Purification, Recovery,  
and Sporulation of Cysts and Oocysts

Via Facsimile 31-70-340-3016 and Air Mail Confirmation

PCT International Searching Authority  
 Examiner Veronique Bai lou  
 European Patent Office  
 P.B. 5818 Patentlaan 2  
 NL-2280 HV Rijswijk  
 Netherlands



Sir:

Response to Invitation to Pay Additional Fees

In response to the Invitation to Pay Additional Fees mailed 21/09/2000, and so that all independent inventions (as identified by the International Searching Authority) will be searched, Applicant hereby tenders the requested fee of DEM 3,696,52 for search of two (2) additional inventions. A Fee Calculation Sheet, authorizing a charge to the IPEA/EP Deposit Account No. 28300104 of Applicant Pfizer Products Inc. is attached.

Please kindly note that the Applicant now refers to the application under a different **File Reference Number**. It is requested that, if possible, the application be considered under "PC10433A" which file number is that of the Applicant, and not that of the law firm agent.

Respectfully submitted,

Allen J. Spiegel

Dated: 12/10/2000

Pfizer Inc., Patent Department  
 235 East 42nd Street, 20th floor  
 New York, New York 10017-5755, USA  
 (212) 573-2841

## PCT

## FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/US00/04733	For International Preliminary Examining Authority use only
Applicant's or agent's file reference PC10433A, Replacing 1830-867-228	Date Stamp of the IPEA
Applicant Pfizer Products, Inc.	
<b>CALCULATION OF PRESCRIBED FEES</b>	
search fee for additional 2(two) inventions	
1. Preliminary examination fee	DM 3,696,52
2. Handling Fee.	P
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the Total box.	H
	DM 3,696,52
	Total
<b>MODE OF PAYMENT</b>	
<input checked="" type="checkbox"/> authorization to charge deposit account with IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other
<b>DEPOSIT ACCOUNT AUTHORIZATION</b>	
The IPEA/EP	<input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.
	<input checked="" type="checkbox"/> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account
28300104	12/10/00
Deposit Account Number	Date (day/month/year)
Signature - ALLEN J. SPIEGEL	